

**Guaranteed Ride Home (GRH)
Reimbursement Form**

***(For In-house program only. Reimbursement will not be authorized if transit agency
or TMA sponsored GRH programs are available-unless so approved by ETC)***

Name: _____

Division/SC/Region: _____

Office/Branch: _____

Phone: _____ Mail Stop: _____

Social Security Number: _____ Org. Code: _____

Supervisor's Name: _____

I regularly: Carpool ☐ Vanpool ☐ Use Transit ☐ Walk ☐ Bike ☐

On the day of using GRH, I used the following alternative commute mode: _____

Date of GRH: -----/-----/-----

Destination: _____

Intermittent Stops: yes ☐ no ☐

where: _____

Method of Ride Home:

Taxi ☐ Transit ☐ Agency Car ☐ Rental Car ☐ Co-Worker ☐ Other: ☐ (if
"Other" explain on back)

Driver: Myself: ☐ Co-Worker: ☐ Name: _____

(if co-worker used personal vehicle, please attach "Travel Expense Voucher." Note:
mileage will be charged to appropriate work order)

- please turn -

Type of Emergency:

Personal ☐ Explain: _____

Family ☐ Explain: _____

Other ☐ Explain: _____

Total Cost of GRH: \$ _____

WSDOT GRH Reimbursement Limit: **\$50**

(Invoice or receipt has to be submitted except for GRH using transit).

I hereby certify that the above information is true. I understand that incorrect information given may result in denial of GRH reimbursement:

Employee Signature

Date

(This section to be completed by ETC or designated authority)

Reimbursement request approved: yes ☐ no ☐

If no, specify reason: _____

Signature of ETC or Designated Authority

Date

Work Order

Group

Work Op.

\$-Amount